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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757103

1. Corporation Name

SUNRISE LAKES CONDOMINIUM PHASE 4, INC. 2

562972 - 90009 - 49

Principal Place of Business	Mailing Address
A & M PROPERTY MGT 3475 HIATUS ROAD SUNRISE F 33351 US	A & M PROPERTY MGMT INC 3475 HIATUS RD SUNRISE FL 33351 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/01/1981	
Suite, Apt. #, etc. 22 3475 North Hiatus RD	Suite, Apt. #, etc. 27 3475 North Hiatus RD	4. FEI Number 59-2115613	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MALCOLM H WALDRON III 3475 HIATUS ROAD SUNRISE FL 33351	81 Name: A & M PROPERTY MANAGEMENT, INC 82 Street Address (P.O. Box Number is Not Acceptable) 83 3475 North Hiatus Road 84 City: Sunrise FL 85 Zip Code: 33351

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: 5/17/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	DAVID DEUTSCH		1.2 NAME	Norman Berlin	
STREET ADDRESS	2607 NW 104TH AVE		1.3 STREET ADDRESS	2786 NW 104th Avenue	
CITY-ST-ZIP	SUNRISE FL		1.4 CITY-ST-ZIP	Sunrise, FL	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	LAMPNER, LESTER		2.2 NAME	Robert Livingston	
STREET ADDRESS	2635 NW 104 AVE., BLDG. 213 APT. 401		2.3 STREET ADDRESS	2521 NW 104th Avenue	
CITY-ST-ZIP	SUNRISE FL		2.4 CITY-ST-ZIP	Sunrise, FL	
TITLE	T	☐ DELETE	3.1 TITLE	S/D	☐ Change ☒ Addition
NAME	PLUTNER, SAM		3.2 NAME	Larry Mason	
STREET ADDRESS	2607 NW 104TH AVENUE		3.3 STREET ADDRESS	2786 NW 104th Avenue	
CITY-ST-ZIP	SUNRISE FL		3.4 CITY-ST-ZIP	Sunrise, FL	
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KOPF, MURRAY		4.2 NAME		
STREET ADDRESS	2704 NW 104TH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		4.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STANLEY MORTMAN		5.2 NAME		
STREET ADDRESS	2638 NW 104TH AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ FILED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #